PERMANENT RECORD Catalog Tau Beta Pi PLEASE PRINT (Sigma Tau Member) Mr. Chapter Grad. Mo./Yr.

Miss Mrs. Roynoe

Last Name Middle Name (s) Loctrical Sucincering havamie Course or Curriculum 1st Degree Home or Most Permanent Address 5-22 - 52 MMale; ☐ Female Kangas Date of Birth City State Firm with (if graduated) Position (if graduated) Adv. Degree from (College) **Business Address** Year Epsilon Sigma Tau Chapter City State ZIP Kopna Other Honor Societies Present Mailing Address Date of Initiation into Tau Beta Pi City State ZIP